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DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES LETTERS PATENT APPLICATION



I, a below-named inventor, I, Nir N. Shavit, hereby declare that:

My residence, post-office address and citizenship are as stated below next to my name.

I believe I am an original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: SECURE SOFTWARE SYSTEM AND RELATED TECHNIQUES, the specification of which was filed on April 30, 2001 and assigned Application No. _____ and identified as Attorney Docket No. MIT-015BUS and MIT Case No. 7561.

I hereby state that I have reviewed and understand the contents of the above-identified application specification, including the claims, as amended by any amendment specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

Country	Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC 119
			_ Yes No _
			_ Yes No _
			_ Yes No _
			_ Yes No _
			_ Yes No _

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS
FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

I hereby claim priority benefits under Title 35, United States Code §119(e), of any United States provisional patent application(s) listed below:

Application Number	Date of Filing (month, day, year)	Priority Claimed Under 35 USC §119(e)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §120, of the United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United State Code, §112, I acknowledge the duty to disclose all information that is material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56, and which became available to me between the filing date of the prior application and the national or PCT international filing date of this application:

Application Number	Date of Filing (month,day,year)	Status (Patented/Pending/Abandoned)
09/476,557	January 3, 2000	Pending

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements

were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

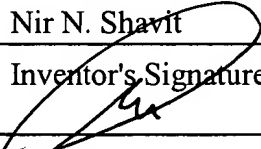
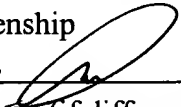
I hereby appoint:

Judith C. Crowley	Reg. No. 35,091
Christopher S. Daly	Reg. No. 37,303
Donald F. Mofford	Reg. No. 33,740
Paul D. Durkee	Reg. No. 41,003
Barry Gaiman	Reg. No. 42,562
Richard M. Sharkansky	Reg. No. 25,800

all of Daly, Crowley and Mofford, LLP, 275 Turnpike Street, Suite 101, Canton, Massachusetts 02021-2310, jointly, and each of them severally, my attorneys at law, with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all telephone calls and address all correspondence to:

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